

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Kevin Taylor

DEFENDANT

S. Bisci

COURT CASE NUMBER

C.A. 04-40163-PBS

TYPE OF PROCESS

Complaint

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

S. Bisci, Social Worker

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT Devens- Federal Medical Center

P.O. Box 880, Ayer, MA 01432

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:



Kevin Taylor
Reg. No. 03421-068
Devens-FMC
P.O. Box 879, Ayer, MA 01432

Number of process to be served with this Form - 285

12

Number of parties to be served in this case

12

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

(same as above)

Signature of Attorney or other Originator requesting service on behalf of:

Kevin Taylor

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

7-11-05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)Total Process
1District of Origin
No. 38District to Serve
No. 38Signature of Authorized USMS Deputy or Clerk
Kathy Salazar

Date

7/18/05

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
REMARKS: Served by Cert Mail 7/20/05 AT						

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

KEVIN TAYLOR,

Plaintiff,

V.

SUMMONS IN A CIVIL CASEHARLEY LAPPEN, Director,
Federal Bureau of Prisons, et al.,
Defendants.

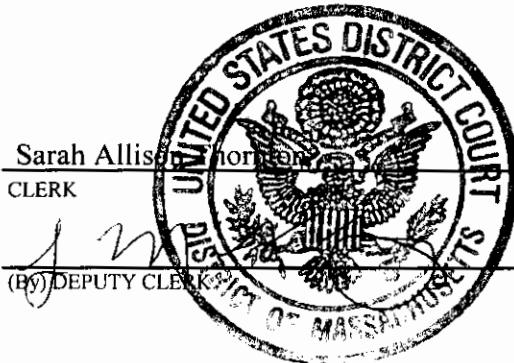
CASE NUMBER: 04-40163-PBS

TO: (Name and address of Defendant)

S. BISCI, Social Worker for the Psychology and Mental Health Department, FMC Devens

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

DATE
6/6/05